
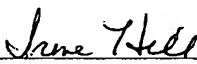
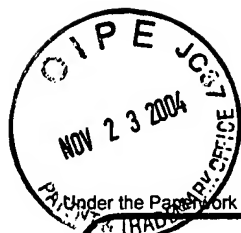


IFW

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)			Docket No.	
Applicant(s): James J. Kernz			1-16514	
Application No. 10/649,039	Filing Date August 27, 2003	Examiner	Customer No. 43935	Group Art Unit 3625
Invention: INTEGRATED MARKET EXCHANGE SYSTEM, APPARATUS AND METHOD FACILITATING TRADE IN GRADED ENCAPSULATED OBJECTS				
<div style="text-align: right;"></div> <p>I hereby certify that this <u>Revocation of Power of Attorney and Appointment of New Power of Attorney</u> (Identify type of correspondence)</p> <p>is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>November 18, 2004</u> (Date)</p> <p style="text-align: right;"><u>Irene Hill</u> (Typed or Printed Name of Person Mailing Correspondence)</p> <p style="text-align: right;"><u></u> (Signature of Person Mailing Correspondence)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p> <div style="border: 1px solid black; height: 250px; width: 100%;"></div>				



PTO/SB/82 (09-03)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY and
APPOINTMENT OF NEW
POWER OF ATTORNEY**

Application Number	10/649,039
Filing Date	August 27, 2003
First Named Inventor	James J. Kernz
Art Unit	3625
Examiner Name	
Attorney Docket	1-16514

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

43935

☐ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

James J. Kernz

Signature

Date

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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